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|  | | | **IYCF related Questionnaire for the Nutrition Cluster partners** | |
| 01-How old is your baby? | | | | |
| 0 to 5 months | 6 to 11 months | | | 12 to 23 months |
| KI: mothers of infants 0-5 months | | | | |
| 02-What was your child fed the previous day? ***{choose all* apply)** | | | | |
| Breastmilk | | formula and/or animal milk | | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 03- what are the main reasons for you to feed your child with infant formula? ***{choose all* apply)**   |  | | --- | | 1. I believe that infant formula is better than breastfeeding | | I can't breastfeed/I don't have breastmilk | | I don’t have enough breastmilk | | I believe that infant formula contains ingredients that make my baby healthy | | It's a good supplement to breastmilk | | Recommended by doctor/nurse/midwife | | I don't have time to breastfeed | | I am chronically ill | | I am under medication | | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| KI: Mother of children under 2 years of age | | | | |
| 04- What foods are fed to Children 6-23 months of age in the previous day? ***{choose all* apply)**   |  |  | | --- | --- | | Breast milk | Grains, roots, bread or flour and tubers | | Legumes, nuts and seeds | Dairy products (milk, infant formula, yogurt, cheese) | | Eggs | Flesh foods (e.g., meat, fish, poultry, organ meats) | | Vitamin A-rich fruits and vegetables | Other fruits and vegetables | | | | | |
| 05-Have there been any changes to how you have fed your child since the Gaza conflict (7 oct)? | | | | |
| Yes | | No | | Don’t Know |
| 05.1- If Yes, why? {***choose all* apply)**   |  | | --- | | 1. Decreased breastmilk | | Lack of Foods for children | | Child will not feed | | Lack of money to buy food | | Lack of fuel/ cooking | | | | | |
| 06- How many times per day is a child under 2 years of age eating his/her meal? ***(Choose one)***   |  |  | | --- | --- | | Once a day | Twice a day | | Three times a day | More than three times a day | | | | | |
| 07-Has infant formula, other milk products (e.g., dried whole, semi-skimmed or skimmed milk powder, ready to use milk) or any other products related to artificial infant feeding been distributed in the community in the past 2 months? | | | | |
| Yes | | No | | Don’t Know |
| 07.1- If yes what is the type of products? ***{choose all* apply)**   |  |  | | --- | --- | | Infant formula including special formula | Follow-up formula | | Growing-up milk | Cereal | | Fruit/vegetables/meat puree | Juice/tea/mineral water | | Bottle | commercial baby foods, cerelac, etc | | Teat | Other: (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 08-If mother/caretaker is using infant formula, how do you get the infant formula you need for your baby? ***{choose all* apply)**   |  | | --- | | 1. Donated/gift from friend or family | | Self-prescribed: buy/purchase in shop or pharmacy | | Prescription from hospital: buy/purchase in shop or pharmacy | | Prescription from hospital: at no cost | | Received from I/NNGO at no cost | | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| KI: 01-Health worker 02-Community health worker 03-Mother of children under 2 years of age | | | | |
| 09- Are nutrition services provided/offered to the families? | | | | |
| Yes | | No | | Don’t Know |
| 09.1- If Yes can you tell us which ones do you remember? (***Choose all* apply)**   |  | | --- | | 1. Screening of children by MUAC or wight for Hight/weight monitoring | | Treatment by ready to use therapeutic food RUTF | | Provision of supplementary and/or complimentary food | | Counseling on breastfeeding and complimentary feeding for children | | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| KI: Mother of children under 5 years of age | | | | |
| 10-If there are children under 5 years in your household, have any of them been sick in the last two weeks? | | | | |
| Yes | | No | | Don’t Know |
| 10.1- If YES, with what? **{choose all apply)**   |  | | --- | | 1. Fever | | Diarrhea | | Acute Respiratory Infection | | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| KI: Pregnant and breastfeeding mothers | | | | |
| 11-Is there a Pregnant and/or Breastfeeding women in your household? | | | | |
| Yes | | | No | |
| 12- What food Pregnant and breastfeeding mothers ate/consume on the previous day? ***{choose all* apply)**   |  |  | | --- | --- | | Grains, white roots and tubers, and plantains | Eggs | | Pulses (beans, peas, lentils) | Dark green leafy vegetables | | Other vitamin A-rich fruits and vegetables | Nuts and seeds | | Dairy | Other vegetables | | Meat, poultry, and fish | Other fruits | | | | | |
| 13-Does the composition of Pregnant and breastfeeding mothers’ meals changed since the Gaza conflict (7 oct)? | | | | |
| Yes | | No | | Don’t Know |
| 14-Has the number of meals she eats decreased since the beginning of the war? | | | | |
| Yes | | | No | |
| 14.1- If Yes, Why (Reasons for pregnant/breastfeeding women eating less than usual?)? **{choose all apply)**   |  | | --- | | 1. Food not available | | Mother feels unwell | | Lack of money to buy food | | Market is too far/dangerous | | Give foods to other members of household | | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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